

KANSAS MEDICAID STATE PLAN

Physicians' Services Obstetrical Practitioner Services

Attachment 4.19 - B

5, Obstetrical Practitioner Services

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PROCEDURE CODE	PROCEDURE DESCRIPTION	AVERAGE PAYMENT AMOUNT AS OF 7/1/95	MAXIMUM RATE
598550000	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (eg, PROSTAGLANDIN) WITH OR WITHOUT CERVICAL DILATION (eg, LAMINARIA)		\$333.23
598560000	WITH DILATION AND CURETTAGE AND /OR EVACUATION		\$350.00
598570000	WITH HYSTEROTOMY (FAILED MEDICAL EVALUATION)		\$350.00
598700000	UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE		\$257.79
598990000	UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY		\$250.00

Note: When average payment amounts are higher than current rates, it is due to the encounter rate payment methodology for Rural Health Clinics and Federally Qualified Health Centers. These providers receive all-inclusive, cost-based reimbursement. Rates do not vary by geographic area.

TN# MS-97-06 App Date MAY 14 1997 Eff Date APR 1 1997 Supercedes MS-96-04

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Physicians' Services Pediatric Practitioner Services Methods and Standards of Established Payment Rates

Explanation of Method and Standards of Established Fee for Service Payment Rates

This report is based on information collected by the fiscal agent from SFY1995 paid claims for the period of the fiscal year (July 1, 1994 - June 30, 1995). For this report, fiscal year data is used to provide an average payment rate per procedure code for SFY '95, the second previous year. Regardless of current maximum reimbursement rates, providers are instructed to bill their usual and customary charge.

Procedure Code: This reflects the CPT code for a specific medical procedure.

Procedure Description: This reflects the CPT nomenclature for the specified procedure code. Due to availability of space, the description may be shortened or abbreviations utilized.

Current Rate: This reflects the maximum rate currently reimbursed by the Kansas Medicaid program for the specified procedure code. Rates do not vary by geographic location of provider.

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Physicians' Services Pediatric Practitioner Services Methods and Standards of Established Payment Rates

Explanation of Method and Standards of Established HMO Payment Rates

HMO rates were established using the fee for service rates for pediatric services in calendar year 1995, which is then inflated to the present time. The first HMO for Medicaid started on 12/1/95.

Due to the methodology used to establish HMO rates, there should be no direct affect due to the rate setting methodology upon Pediatric access.

MAY 12 1997 APR 1 1997
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Provider Access

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PEDIATRIC PROVIDER ACCESS

#	GEOGRAPHIC AREA	H & E LICENSED	PARTICIPATING IN THE MEDICAID PROGRAM	% PARTICIPATION
1	CHANUTE	34	28	82.4%
2	EMPORIA	40	19	47.5%
3	GARDEN CITY	56	51	91.1%
4	HAYS	53	51	96.2%
5	HIAWATHA	24	24	100.0%
6	HUTCHINSON	73	31	42.5%
7&9	KANSAS CITY METRO	424	260	61.3%
8	MANHATTAN	48	42	87.5%
10	OSAWATOMIE	50	21	42.0%
11	PARSONS	49	18	36.7%
12	PITTSBURG	21	17	81.0%
13	PRATT	54	42	77.8%
14	SALINA	47	31	66.0%
15	TOPEKA	147	72	49.0%
16	WICHITA	322	174	54.0%
17	WINFIELD	57	20	35.1%
	TOTAL	1,499	901	60.1%

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PROCEDURE CODE	PROCEDURE DESCRIPTION	AVERAGE PAYMENT AMOUNT AS OF 7/1/95	MAXIMUM RATE
EVALUATION AND MANAGEMENT			
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR E & M, NEW PATIENT	\$25.56	\$24.32
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR E & M, NEW PATIENT	\$31.34	\$35.00
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR E & M, NEW PATIENT	\$33.74	\$40.00
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR E & M, NEW PATIENT	\$39.44	\$50.00
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR E & M, NEW PATIENT	\$59.41	\$76.00
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR E & M, ESTABLISHED PATIENT	\$28.66	\$11.24
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR E & M, ESTABLISHED PATIENT	\$23.34	\$19.78
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR E & M, ESTABLISHED PATIENT	\$25.56	\$27.00
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR E & M, ESTABLISHED PATIENT	\$36.69	\$45.00
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR E & M, ESTABLISHED PATIENT	\$54.84	\$68.00
99241	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR E & M, NEW OR ESTABLISHED		\$18.00
99242	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR E & M, NEW OR ESTABLISHED		\$24.00
99243	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR E & M, NEW OR ESTABLISHED		\$30.00
99244	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR E & M, NEW OR ESTABLISHED		\$45.00
99245	OFFICE OR OTHER OUTPATIENT CONSULTATION FOR E & M, NEW OR ESTABLISHED		\$45.00
99271	CONFIRMATORY CONSULTATION FOR E & M, NEW OR ESTABLISHED PATIENT		\$30.00
99272	CONFIRMATORY CONSULTATION FOR E & M, NEW OR ESTABLISHED PATIENT		\$30.00
99273	CONFIRMATORY CONSULTATION FOR E & M, NEW OR ESTABLISHED PATIENT		\$30.00
99274	CONFIRMATORY CONSULTATION FOR E & M, NEW OR ESTABLISHED PATIENT		\$30.00
99275	CONFIRMATORY CONSULTATION FOR E & M, NEW OR ESTABLISHED PATIENT		\$30.00

Note: When average payment amounts are higher than current rates, it is due to the encounter rate payment methodology for Rural Health Clinics and Federally Qualified Health Centers. These providers receive all-inclusive, cost-based reimbursement. Rates do not vary by geographic area.

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PROCEDURE CODE	PROCEDURE DESCRIPTION	AVERAGE PAYMENT AMOUNT AS OF 7/1/95	MAXIMUM RATE
99341	HOME SERVICES, NEW PATIENT		\$8.00
99342	HOME SERVICES, NEW PATIENT		\$8.00
99343	HOME SERVICES, NEW PATIENT		\$12.00
99351	HOME SERVICES, ESTABLISHED PATIENT		\$10.00
99352	HOME SERVICES, ESTABLISHED PATIENT		\$10.00
99353	HOME SERVICES, ESTABLISHED PATIENT		\$10.00
99354	PROLONGED PHYSICIAN SERVICE WITH DIRECT (FACE-TO-FACE) PATIENT CONTACT BEYOND THE USUAL SERVICE; FIRST HOUR		\$55.21
99355	PROLONGED PHYSICIAN SERVICE WITH DIRECT (FACE-TO-FACE) PATIENT CONTACT BEYOND THE USUAL SERVICE; EACH ADDITIONAL 30 MINUTES		\$24.88
99358	PROLONGED PHYSICIAN SERVICE WITHOUT DIRECT (FACE-TO-FACE) PATIENT CONTACT, E&M SERVICE; FIRST HOUR		\$5.18
99359	PROLONGED PHYSICIAN SERVICE WITHOUT DIRECT (FACE-TO-FACE) PATIENT CONTACT, E&M SERVICE; EACH ADDITIONAL 30 MINUTES		Non Covered
PREVENTIVE MEDICINE SERVICES			
99381	INITIAL EVALUATION AND MANAGEMENT; INFANT (UNDER 1)	\$41.93	\$40.00
99382	INITIAL EVALUATION AND MANAGEMENT; EARLY CHILDHOOD (1-4 YRS)	\$39.13	\$35.00
99383	INITIAL EVALUATION AND MANAGEMENT; LATE CHILDHOOD (5-11 YRS)	\$38.43	\$35.00
99384	INITIAL EVALUATION AND MANAGEMENT; ADOLESCENT (12-17 YRS)	\$34.87	\$35.00
99391	PERIODIC REEVALUATION AND MANAGEMENT; INFANT (UNDER 1)	\$28.95	\$26.00
99392	PERIODIC REEVALUATION AND MANAGEMENT; EARLY CHILDHOOD (1-4 YRS)	\$31.96	\$25.00
99393	PERIODIC REEVALUATION AND MANAGEMENT; LATE CHILDHOOD (5-11 YRS)	\$30.82	\$25.00
99394	PERIODIC REEVALUATION AND MANAGEMENT; ADOLESCENT (12-17 YRS)	\$29.05	\$25.00
99401	PREVENTIVE MEDICINE INDIVIDUAL COUNSELING, NEW OR ESTABLISHED		Non Covered
99402	PREVENTIVE MEDICINE INDIVIDUAL COUNSELING, NEW OR ESTABLISHED		\$20.00
99403	PREVENTIVE MEDICINE INDIVIDUAL COUNSELING, NEW OR ESTABLISHED		Non Covered

Note: When average payment amounts are higher than current rates, it is due to the encounter rate payment methodology for Rural Health Clinics and Federally Qualified Health Centers. These providers receive all-inclusive, cost-based reimbursement. Rates do not vary by geographic area.

TN # MS-97-07 App Date MAY 12 1997 Eff Date APR 1 1997 Supersedes MS-96-05

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STATE OF KANSAS

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

915 S.W. Harrison, Docking State Office Building, Topeka, Kansas 66612-1570

JOAN FINNEY, Governor

May 31, 1991

Mr. Richard Brummel
Associate Regional Administrator
for Division of Medicaid
Room 227, Federal Office Building
601 East 12th Street
Kansas City, Missouri 64106

Dear Mr. Brummel:

Kansas assures that rates which were effective May 15, 1991, for obstetrical practitioners services will insure that obstetric services will be available to Medicaid recipients at least to the extent that such services are available to the general population in the same geographic area. The attached listing of maximum rates is based upon the 75th percentile of calendar year 1989 usual and customary charges and maximum rates paid by Blue Shield of Kansas. The 75th percentile of calendar year 1990 usual and customary charges is not yet available.

The results of a comparison of licensed and enrolled obstetrical and family and general practice physicians by county are attached. The licensure information by county is based upon the address of the licensee. The enrollment information by county is based upon an enrollment address within the county. In some instances a physician may be providing services in more than one county and will be shown in each county of practice. This results in this data showing more enrolled than licensed physicians in some counties. This further substantiates that access is available in these counties. In addition, the licensing board has more choices for specialties than Medicaid so the matching of specialties is not exact. The end result again is that there may be more Medicaid-enrolled physicians than licensed. We will continue to refine the report.

There are no nurse midwives enrolled as independent practitioners in Kansas. There are few nurse midwives practicing in Kansas and those that are practicing do so in conjunction with a physician practice.

State Plan TN# 91-15 Effective Date 5/15/91
Supersedes TN# _____ Approval Date JUL 19 1991

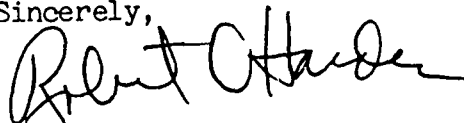
Refers to MS-91-15.

Mr. Richard Brummel
May 31, 1991
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We believe that the above-referenced documentation shows that the reimbursement rates for physicians providing obstetrical care assures access.

The rate data is submitted on a computer diskette in Lotus 123 file.

Sincerely,



Robert C. Harder
Acting Secretary

RCH:JWA:brj
Attachments

Refers to MS-91-15. State Plan TN# 91-15 Effective Date 5/15/91
Supersedes TN# _____ Approval Date JUL 19 1991

KANSAS MEDICAID MANAGEMENT INFORMATION SYSTEM
PROVIDER PARTICIPATION
IN OR PRACTICE

COUNTY CODE NUMBER	MEDICAID ACTIVE ENROLLED PROVIDERS	DEPT. OF H&E LICENSED PROVIDERS	PERCENT OF LICENSED PROVIDERS ENROLLED
1	10	8	125.00
2	5	6	83.33
3	9	10	90.00
4	8	4	200.00
5	19	14	135.71
6	11	8	137.50
7	7	7	100.00
8	17	13	130.77
9	0	1	0.00*
10	3	4	75.00
11	11	8	137.50
12	2	2	100.00
13	3	3	100.00
14	5	6	83.33
15	8	5	160.00
16	3	4	75.00
17	1	2	50.00
18	26	22	118.18
19	17	9	188.89
20	5	3	166.67
21	10	9	111.11
22	6	3	200.00
23	23	25	92.00
24	3	3	100.00
25	1	0	*****
26	11	8	137.50
27	6	2	300.00
28	14	13	107.69
29	20	10	200.00
30	7	7	100.00
31	7	4	175.00
32	3	2	150.00
33	2	2	100.00
34	3	4	75.00
35	0	2	0.00**
36	1	2	50.00
37	4	4	100.00
38	2	1	200.00
39	10	7	142.86
40	19	15	126.67
41	2	1	200.00
42	1	1	100.00
43	5	2	250.00
44	7	7	100.00
45	2	2	100.00
46	109	149	73.15

State Plan TN# 91-15 Effective Date 5/15/91
Superseded TN# Approval Date JUL 17 1991

*In County 9 (Chase County), the population is 3,433. The closest towns are El Dorado in Butler County (130% participation), Emporia in Lyon County (92% participation) and Council Grove in Morris County (150% participation).

**In County 35 (Grant County), the population is 5,165. The closest towns are Dodge City in Ford County (190% participation), Garden City in Finney County (115% participation), Sublette in Haskell County (200% participation) and Meade in Meade County (100% participation).